

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/089147

APPLICANT(S)

CLAIMS

	As Filed		After 1st Amendment		After 2nd Amendment	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	2					
TOTAL DEP.	18					
TOTAL CLAIMS	20					

	1		2		3	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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